## DECLIECT EOD INFODMATION

REQUEST FOR INFORMATION
DATE OF REQUEST:
TO: 99 <sup>TH</sup> CONTRACTING SQUADRON/LGCC 5865 Swaab Blvd, Bldg 588 Nellis AFB NV 89191-7063
FROM: (Enter name and address of requestor)
SUBJECT (Enter Project Title and Solicitation/Contract Number)
REFERENCE (Cite applicable specification, drawing sheet, paragraph, etc. number to which your concern applies)
NARRATIVE:
COMPANY POC: (Enter the name, phone, FAX, and e-mail address of the applicable POC for this RFI)